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June 18, 2007

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12

PAGES (WITH COVER)

6559

REFERENCE NO

44471/297610

CLIENT/MATTER NO.

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**COMMENTS**

Applicant:

Daisuke Kondo

Title:

Operation Lever Assembly of Vehicle Transmission Operator

Serial No./Docket No.

10/782,238 44471/297610

Filed:

Fenstermacher, David

Papers Submitted:

- |                           |                             |
|---------------------------|-----------------------------|
| 1. Transmittal Form       | 4. Amendment and Response   |
| 2. Fee Transmittal        | 5. Credit Card Payment Form |
| 3. Petition for Extension |                             |

By: Brenda O. Holmes, Reg. No. 40,339

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US1900 9163003.1

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JUN 18 2007

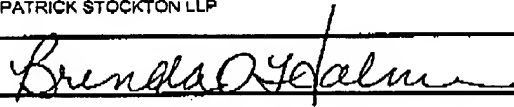
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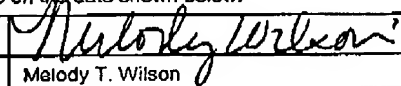
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/782,238	
	Filing Date	February 19, 2004	
	First Named Inventor	Daisuke Korido	
	Art Unit	3682	
	Examiner Name	Fenstermacher, David M.	
Total Number of Pages in This Submission	11	Attorney Docket Number	44471/297610

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form
<div style="border: 1px solid black; padding: 5px;"> <b>Remarks</b> </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	KILPATRICK STOCKTON LLP		
Signature			
Printed Name	Brenda O. Holmes, Esq.		
Date	June 18, 2007	Reg. No.	40,339

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Melody T. Wilson	Date	June 18, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUN 18 2007

PTO/SB/17 (02-07)

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 Effective on 12/08/2004.  
 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 120

**Complete if Known**

Application Number	10/782,238
Filing Date	February 19, 2004
First Named Inventor	Daisuke Kondo
Examiner Name	Fenstermacher, David M.
Art Unit	3882
Attorney Docket No.	44471/297610

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 11-0855 Deposit Account Name: Kilpatrick Stockton LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s)

☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**
**Fee Description**

Each claim over 20 (including Reissues)

**Fee (\$)**
**Small Entity Fee (\$)**

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims

Extra Claims

**Fee (\$)**
**Fee Paid (\$)**

-20 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

**Fee (\$)**
**Fee Paid (\$)**

-3 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	_____ = _____	_____

**4. OTHER FEE(S)**


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One Month Extension Fee

**Fees Paid (\$)**

120

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	40,339	Telephone	404 815 8500
Name (Print/Type)	Brenda O. Holmes, Esq.	Date	June 18, 2007		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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